



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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GCA

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STATE OF HAWAII
ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
TAKENAKA	KENNETH	K.	808 839-2899
MAILING ADDRESS (Street)			FAX
3249B Koapaka Street			808 839-2899
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
General Contractors Association of Hawaii (GCA)		808 833-1681
MAILING ADDRESS (Street)		FAX
1065 Ahua Street		808 839-4167
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Johnny Y. Higa		808 833-1681
MAILING ADDRESS (Street)		FAX
1065 Ahua Street		808 839-4167
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96819

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Johnny Y. Higa	Executive Vice President

NAME OF ORGANIZATION (if applicable)

General Contractors Association of Hawaii (GCA)

TELEPHONE

808 833-1681

MAILING ADDRESS (Street)

1065 Ahua Street

FAX

808-839-4167

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

1-15-05

(Date)